
Parent Satisfaction with Children's Health Care in the Children's Hospital Zagreb

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Abstract

Aim. The goal of the research is to assess parent satisfaction with children's health care in the Children's Hospital Zagreb and to determine whether there were differences in their assessment with regard to the clinic at which the child is hospitalized.

Methods. The sample included 160 participants (parents of children hospitalized in the Clinic for Pediatric Surgery and the Pediatric Clinic in the Children's Hospital Zagreb). As a research method an anonymous modified Picker questionnaire was used. Participation in the research was voluntary.

Results. 36.9% of respondents think that their children's health care is excellent, 43.8% think it is very good and 15% think it is good. 58.1% of parents believe that their child was frightened during hospitalization. 53.8% of respondents rated the hospital food as good, 98.8% of them said they have confidence and trust in the doctors and nurses who take care of their child. 4.4% of parents felt they were not sufficiently involved in decision-making about their child. 72.5% of children during hospitalization felt pain. Parents of children hospitalized in surgical departments have a better opinion of alleviating pain.

Conclusions. 81% of respondents assessed the care of their child as very good or excellent and there is no significant difference in satisfaction with regard to the clinic at which the child is hospitalized. The variables found to have a correlation with the total satisfaction score are: a sense of confidence and trust in doctors, psychological preparation of the child, parents' perception of participating in their child's care, quality of the food, perception of parents about safety on the ward.

Introduction

In the last century, the relationship toward the children has changed significantly and it is said that the 20th century is "The Century of the Child" because a number of international documents in favor of children were adopted, such as the Declaration on the Rights of the Child and in 1989 the Convention on the Rights of the Child (1). With such a commitment, ideas of "open hospital" also appear (2). The European Parliament in 1986 adopted the European Charter for children in hospital which also defines the Children's Rights List at the Hospital. These documents provide the basis and some kind of incentive to do more for hospitalized children (3).

Special psychological and social problems are associated with the treatment of the children. The positive effect of hospitalization refers to the treatment of the disease itself and recovery as the ultimate goal. However, hospitalization also has a negative psychological impact on the child that reflects on his personality. In a hospital, an individual's lifestyle has been disturbed. There is a high degree of dependence on the others and disturbing events occur. The basis for the humanization of hospital treatment is the individual approach to every child, providing parents' day-to-day opportunities, involving parents in the treatment, application of pedagogical, cultural, entertaining contents and playing games during hospitalization.

One of the possible tools for assessing satisfaction in pediatrics is HUG (Help, Understanding, Guidance for Young Families). It is an innovative approach for pediatric nurses that is developed and designed to support parents in optimizing their children's health and well-being. Research results show that there is a definite gap between what pediatrics promises and provides and between what parents want from their service providers and what they actually get. HUG is a handy practical manual that can be used by pediatric nurses at all levels and in different environments. The use of HUG in nursing helps improve parenting, helps parents feel that they are heard and that they participate, encourages parents to share what they care most about and increase the satisfaction with nurses' work (4).

Norway has developed NORPEQ (Norway Patient Experiences Questionnaire) that quickly collects pa-

tient experiences and covers important aspects of health care. In developing the questionnaire, the following three conditions had to be met: to include the most important aspects of patient experience based on relevant literature in the Nordic countries; that the questionnaire is short enough for it to be able to be implemented in existing research and that it should be written in Norwegian language, after which it will be translated into other Nordic languages. This questionnaire proved useful in terms of reliability and validity and is relatively easily implemented in existing routine surveys (5).

In 2005, Holzer and Minder conducted research in 24 hospitals in Switzerland (Bern) using standardized Picker's methodology. In their work from 2011, they presented standardized and relatively simple methods for analyzing and using patient experience data for quality improvement and for publication in a form that provides a clear and simple interpretation. There are three steps: 1. Identify the factors that contribute most to the variability of patient experience versus patient and hospital level; 2. Presentation of approaches for achieving fair and transparent assessment of hospitals for internal and external evaluation. 3. Suggesting procedures for using data to identify areas for improvement.

Questionnaire "Child ZAP" in Germany was developed by Bitzer and his associates. It is a standardized assessment questionnaire for parents in ambulatory pediatric care planned to be used in quality management. A questionnaire (Child ZAP), which was adapted through time, received a final form of eight dimensions, three "children's scales" and five "parental scales". With good results for validity and reliability testing, the ultimate "Child ZAP" is applicable in pediatric outpatient care for children of all ages. The child questionnaire is longer than the one for adults. Its design and simplicity make for a flexible implementation of a survey that meets different quality management requirements (6).

There are scientific evidence that the satisfaction of the parents of a hospitalized child is related to parental involvement, understanding and retention of medical information and the continuity of care (7).

The way of communicating with a child during a hospital stay depends on the child's age, cognitive and emotional maturity and it is important that all profiles of professionals adapt their approach to the development phase and the individual needs of

the child. The most frequent complaints of parents of sick children related to the communication with healthcare workers are: insufficient time dedicated to them, insufficient information and communication in incomprehensible manner with the use of professional terms.

The goal of the research is to assess parent satisfaction with children's health care in the Children's Hospital Zagreb and to determine whether there were differences in their assessment with regard to the clinic at which the child is hospitalized.

Methods

This study is cross-sectional. Respondents are parents of children hospitalized at two clinics in the Children's Hospital Zagreb. A total of 160 respondents participated in the study (80 parents of children hospitalized in the Pediatric Surgery Clinic and 80 parents of children hospitalized in the Pediatric Clinic). Research was conducted during a three month period (June - August 2015).

During designing the questionnaire used for collecting the data in this study we have used the Picker's Surveillance Survey (8), whose questions were modified and adapted to the environment in which the research was conducted. The questionnaire contained 52 questions, of which 51 were closed-ended questions while one question had to be written on the line (age of the child). The first part of the survey referred to the admission of the child to the hospital (4 questions), the second part referred to the hospital department (13 questions), two of which were related to the activities of the department, while one question was related to food. The third group of questions referred to the physician's assessment (4 questions) and the fourth to the nurses (5 questions). The chapter about child care in the hospital contained 7 questions, while the part about the pain contained 2 questions. There were 6 questions in the operation group and 4 questions related to the diagnostic procedures. The foregoing chapter is conceived as the overall rating of parenting with child care (1 question). The last part of the questionnaire was about general information (gender and age

of the child, previous hospitalization, presence of chronic illnesses and long-term conditions) and information on the program "Children's departments - friends of children" and evaluation of the same in the department where the child is hospitalized. Relevant answers are shown in the Results section.

After receiving written and verbal information about research, every participant individually had received informed consent form and anonymous questionnaire. After completing the questionnaire they returned it in a sealed envelope.

Ethics

Before conducting research, Ethics Committee of the Children's Hospital Zagreb had given consent. All respondents had received written and verbal information about research and they had signed informed consent. The questionnaire was anonymous.

Statistics

Category data are shown in absolute and relative frequencies. The difference in the distribution of the categorical variables among the observed groups was examined by Fisher's exact test and the Chi-Square test. All p values were two-sided. The level of significance was set at $p=0.05$. Correlation of nominal variables is expressed with contingency coefficient (C). To estimate the mean and variability of numerical data, the central value (median) and the interquartile range were used because of an asymmetric distribution. The normality of the distribution of numerical variables was tested by Kolmogorov-Smirnov test. Mann-Whitney test was used to compare the differences between two numerical variables. IBM SPSS Software was used for the statistical analysis.

Results

A total of 160 examinees (80 parents of children hospitalized in the Clinic for Pediatric Surgery and 80 parents of children hospitalized in the Pediatric Clinic in the Children's Hospital Zagreb) participated in this study.

Most of the children hospitalized in the Clinic for Pediatric Surgery were male (62.5%), while in the Pediatric Clinic the proportion of girls and boys was the same (Chi square test, $p=0.111$). The mean value of the age of children hospitalized in the Clinic for Pediatric Surgery (6.0) was statistically significantly higher (Mann-Whitney test, $p<0.001$) than the median value of children hospitalized in the Pediatric Clinic (2.50).

Most children hospitalized in the Clinic for Pediatric Surgery (86.2%) and Pediatric Clinic (85.0%) have no long-term condition. Equal number of children in both departments (2.5%) have a diagnosis of deafness or severe hearing impairment and blindness or partial visual impairment (1.2%). Mental health problems have 2.5% of children hospitalized in the Clinic for Pediatric Surgery and 3.8% of children hospitalized in the Pediatric Clinic. The same number of children in both clinics (7.5%) suffer from some other long-term condition (malignant disease, diabetes, epilepsy).

The first group of questions concerned admitting a child to a hospital. The observed groups differ significantly with respect to the admission type - emergency admission or planned visit (Fisher's exact test, $p<0.001$). While the largest number of children are admitted through a regular procedure (60%), most of the children in the pediatric department were hospitalized through emergency, unplanned hospital admission (70%). Most of the children stayed in mixed rooms, where there were children of both sexes (surgery - 50%, pediatrics - 78.8%). While 35.0% of children stayed in the room for the same sex in the surgical department, only 16.2% of children hospitalized in the Pediatric Clinic were staying in that type of room. There is a significant statistical difference between the observed groups (Chi square test, $p=0.001$).

When they were asked if the child was ever frightened during the hospital stay, most parents of children hospitalized in the Clinic for Pediatric Surgery

said that it was not the case (50.0%) and 7.5% was very scared. The largest share of children hospitalized in the Pediatric Clinic according to parents' opinion was somewhat frightened (38.7%), while very scared was 27.5% of children. There is a significant statistical difference between the observed groups (Chi square test, $p=0.003$) (Table 1).

The largest number of parents of children hospitalized in the Clinic for Pediatric Surgery believe that physicians have fully talked to their child in a way that the child could understand (48.8%), while most parents of children hospitalized in the Pediatric Clinic stated that their child was too small to understand (41.2%), with significant difference (Chi square test, $p<0.001$) (Table 2).

The largest number of parents of children hospitalized in both clinics believe that doctors have consistently provided information on child care and therapy in a comprehensible manner (more of respondents from the Clinic for Pediatric Surgery - 81.2%, compared to the Pediatric Clinic - 60.0%) (Fisher's exact test, $p<0.001$).

The largest number of parents of children hospitalized in both clinics believe that nurses have fully talked to their child in a way that the child could understand (the Clinic for Pediatric Surgery - 62.5%, the Pediatric Clinic - 38.8%), while also 37.5% of parents of children hospitalized in the Pediatric Clinic said their child was too small to understand (Fisher's exact test, $p=0.002$). Most of the respondents believe that nurses constantly provided them with information on child care and therapy in a comprehensible way, significantly more respondents from the Clinic for Pediatric Surgery - 82.5%, compared to the Pediatric Clinic - 62.5 (Fisher's exact test, $p=0.014$) (Table 3).

The largest number of respondents from both clinics considered that there are always enough nurses who care for their child (the Clinic for Pediatric Surgery - 76.3%, the Pediatric Clinic - 67.5%). Most of the respondents reported that they had confidence in nurses who care for their child at all the time (significantly more respondents from the Clinic for Pediatric Surgery - 83.6%, compared to the Pediatric Clinic - 65%), while 2.5% of respondents at both departments have no confidence in their nurses (Fisher's exact test, $p=0.012$) (Table 4).

When asked if they are allowed to spend the night with their child in the hospital department, the larg-

Table 1. Parental perception of child's fear during hospital stay

		Clinic			p*
		Clinic for Pediatric Surgery	Pediatric Clinic	Total	
		N (%)	N (%)	N (%)	
Has your child ever been frightened during a hospital stay?	Yes, very much	6 (7.5)	22 (27.5)	28 (17.5)	0.003
	Yes, somewhat	34 (42.5)	31 (38.7)	65 (40.6)	
	No	40 (50.0)	27 (33.8)	67 (41.9)	
	Total	80 (100.0)	80 (100.0)	160 (100.0)	

* χ^2 test

Table 2. Evaluation of doctor's communication with the child

		Clinic			p*
		Clinic for Pediatric Surgery	Pediatric Clinic	Total	
		N (%)	N (%)	N (%)	
Have the doctors talked to your child about how they would care for him or her, in a way that the child could understand?	Yes, absolutely	39 (48.8)	20 (25.0)	59 (36.9)	<0.001
	Yes, somewhat	20 (25.0)	16 (20.0)	36 (22.5)	
	No	3 (3.8)	11 (13.8)	14 (8.8)	
	I do not remember	4 (5.0)	0 (0.0)	4 (2.5)	
	The child is too young to understand	14 (17.4)	33 (41.2)	47 (29.3)	
	Total	80 (100.0)	80 (100.0)	160 (100.0)	

* χ^2 test

Table 3. Providing information on child care and therapy

		Clinic			p*
		Clinic for Pediatric Surgery	Pediatric Clinic	Total	
		N (%)	N (%)	N (%)	
Did the nurses give you information about your child's care and therapy in the way you could understand	Yes, absolutely	66 (82.5)	50 (62.5)	116 (72.5)	0.014
	Yes, somewhat	11 (13.8)	26 (32.5)	37 (23.1)	
	No	3 (3.7)	4 (5.0)	7 (4.4)	
	Total	80 (100.0)	80 (100.0)	160 (100.0)	
	* Fisher's exact test	14 (17.4)	33 (41.2)	47 (29.3)	
	Total	80 (100.0)	80 (100.0)	160 (100.0)	

* Fisher's exact test

Table 4. The feeling of trust and confidence in nurses

		Clinic			p*
		Clinic for Pediatric Surgery	Pediatric Clinic	Total	
		N (%)	N (%)	N (%)	
Do you have confidence and trust in nurses who care about your child?	Yes, all the time	67 (83.8)	52 (65.0)	119 (74.4)	0.012
	Yes, most of the time	11 (13.8)	26 (32.5)	37 (23.1)	
	No	2 (2.5)	2 (2.5)	4 (2.5)	
	Total	80 (100.0)	80 (100.0)	160 (100.0)	

* Fisher's exact test

est number of respondents from the Clinic for Pediatric Surgery answered that they are not allowed (86.2%), while 72.5% of respondents from the Pediatric Clinic answered confirmatory to the same question (Fisher's exact test, $p < 0.001$).

Significantly more of the respondents from the Clinic for Pediatric Surgery (85.5%) compared to the respondents from the Pediatric Clinic (67.3%) considered that doctors and nurses did absolutely everything they could to alleviate the child's pain (Fisher's exact test, $p = 0.034$) (Table 5).

Also, significantly more respondents from the Clinic for Pediatric Surgery (77%) compared to the respondents from the Pediatric Clinic (52.6%) considered that before the surgery/procedure the doctor fully answered their questions in a comprehensible way (Fisher's exact test, $p = 0.021$). When they were asked to evaluate the care their child received while in hospital, the parents of the children hospitalized in the Clinic for Pediatric Surgery responded as follows: the same number of respondents considered the care as

excellent (42.5%) and very good (42.5%), 12.5% of parents rated the care as good, 2.5% of the respondents as acceptable and none of the respondents considered the child's care to be poor. Parents of children hospitalized in the Pediatric Clinic most often rated their child's care as very good (45%), secondly as excellent (31.2%), while 17.5% of respondents thought their child was receiving good care. 5% of parents rated the care as acceptable and 1.2% thought the care was poor.

The variables related with the overall care rating are: a sense of confidence and trust in the doctors ($C = 0.610$, $p < 0.001$), preparation of the child for a procedure ($C = 0.600$, $p < 0.001$), a parent's feeling that they can participate in the care for child ($C = 0.520$, $p < 0.001$), hospital food quality assessment ($C = 0.518$, $p < 0.001$), parental perception of child safety at the hospital unit ($C = 0.511$, $p < 0.001$) (Table 6).

Table 5. Assessment of adequacy of relieving child's pain

		Clinic			p^*
		Clinic for Pediatric Surgery	Pediatric Clinic	Total	
		N (%)	N (%)	N (%)	
Do you think doctors and nurses do all they can to relieve your child's pain?	Yes, all the time	67 (83.8)	52 (65.0)	119 (74.4)	0.034
	Yes, absolutely	53 (85.5)	37 (67.3)	90 (76.9)	
	Yes, somewhat	9 (14.5)	17 (30.9)	26 (22.2)	
	No	0 (0.0)	1 (1.8)	1 (0.9)	
	Total	62 (100.0)	55 (100.0)	117 (100.0)	

* Fisher's exact test

Table 6. The total assessment of the child's care received at the hospital

		Clinic			p^*
		Clinic for Pediatric Surgery	Pediatric Clinic	Total	
		N (%)	N (%)	N (%)	
How would you evaluate overall care for you child during hospitalization?	Excellent	34 (42.5)	25 (31.2)	59 (36.9)	0.451
	Very good	34 (42.5)	36 (45.0)	70 (43.8)	
	Good	10 (12.5)	14 (17.5)	24 (15.0)	
	Acceptable	2 (2.5)	4 (5.0)	6 (3.8)	
	Poor	0 (0.0)	1 (1.2)	1 (0.6)	
	Total	80 (100.0)	80 (100.0)	160 (100.0)	

* Fisher's exact test

Discussion

The questionnaire was adjusted to the environment in which the satisfaction of the parent was examined and it was structurally and substantively divided into several units. The first part of the survey referred to the admission of children in the hospital, where it was found that departments differed significantly with regard to the type of emergency or planned admission.

While the largest number of children was hospitalized in the Clinic for Pediatric Surgery through the planned admission, most children in the Pediatric Clinic are admitted through emergency, unplanned admission. From this data, it is evident that the very nature of the illness for which the child is admitted to hospital is different, so it can be assumed that the parent's response to hospitalization is less stressful in the case of planned admission where parents had more time and opportunities to prepare themselves, as well as their child.

More than half of the respondents thought their child was frightened during their stay in the hospital. The largest share of children in the Pediatric Clinic according to parents' opinion was somewhat frightened. This result can be explained by the fact that the greater number of children hospitalized in the Pediatric Clinic was subjected to different tests that we can assume are the main source of pain and fear in hospitalized children. Major sources of fear include painful procedures such as venepuncture, injections, infusion and separation from the parent (9). Most of the respondents rated the hospital food as good, which would be a grade 3 on a scale of 1 to 4. In the research conducted in 2014 (10), the possibility to play games and quality of nutrition was given the worst grade of all the variables examined, also with the possibility of participating in a decision on therapeutic and diagnostic procedures. It has already been noted in previous research that a certain number of children does not consume hospital food with pleasure (11).

Regarding assessing the quality of communication with a physician and nurses, the results of this study are consistent with other sources in the literature (9,10,12,13,14), meaning that the criteria for appropriate communication in healthcare are met. The majority of parents believe that doctors have fully

talked to their child in a way that the child could understand (taking into account the age of the child).

Most respondents believe that their doctors constantly provided information on child care and therapy in a comprehensible way, a small number of respondents said that doctors talk to other hospital staff in front of the parents and children as if they were not in the room. The satisfaction with communication with a doctor is best explained by the fact that the vast majority of parents from both groups had confidence and trust in doctors who treat their child.

The quality of communication of nurses with children and parents is assessed by high rating. The largest number of parents believe that nurses fully talked to their child in a way that the child could understand (taking into consideration the age of the child). Although most respondents from both groups believe that their nurses constantly provide information on child care and therapy in a comprehensible manner, there is a significant statistical difference between the groups in this section of the assessment (82.5% from the Clinic for Pediatric Surgery and 62.5% from the Pediatric Clinic). Likewise, they differ in answers to the question whether nurses are talking to other hospital staff in front of the parents and children as if they were not in the room. Although the vast majority of respondents responded that this is not the case, 20% of parents believe that nurses employed in the Pediatric Clinic occasionally do so, while 10% think that they do it often. As expected, there is also a significant difference in a continuous sense of trust and trust in nurses - 83.6% respondents from the Clinic for Pediatric Surgery, 65% respondents from the Pediatric Clinic. Most respondents did not receive a different opinion from the staff. It has been proven that the more problems in communication parents allege, they are less satisfied with health care (15). Effective communication is related to relative satisfaction with care and adherence to treatment recommendations (16).

When they were asked whether they are involved in deciding about child care and therapy as much as they wanted, two-thirds of the parents of children hospitalized in the Clinic for Pediatric Surgery and nearly half of the parents of children hospitalized in the Pediatric Clinic believed that this was certainly true. The results show that parents of children hospitalized in the Pediatric Clinic had a significantly lower chance of talking to doctors and nurses alone. Most parents believe that their child was provided with

timely assistance when eating or using the toilet, if necessary. The largest number of respondents from both clinics considered that they have the option of taking part in child care to the extent that is necessary, which is somewhat different from the results in other research (10).

It is apparent that the assessment of communication is higher for the Clinic for Pediatric Surgery than for the Pediatric Clinic. Given that the possibility of overnight staying with the child is significantly higher in the Pediatric Clinic, we can assume that in this study this possibility did not have a significant impact on the satisfaction assessment. Although numerous studies have shown that attitudes of parents about a 24-hour stay with a child are extremely positive, no correlation with the overall assessment of satisfaction was observed in this research. There is a possibility that the average age of a hospitalized child had an impact on a lower assessment of some aspects of communication in the Pediatric Clinic. The central value of the age of children hospitalized in the Clinic for Pediatric Surgery (6.0), compared to the central value of children hospitalized in the Pediatric Clinic (2.50), is significantly higher. We can assume that the higher incidence of emergency admissions and the lower age of the child caused a higher level of stress in the parents, which consequently affected the assessment.

Regardless of the clinic where they were hospitalized, most children felt pain during hospitalization, which could be related to the various diagnostic tests and the surgical procedure themselves. Although the majority of respondents from both clinics believed that doctors and nurses made absolutely everything they could to relieve the child's pain the answers to this question are statistically different with regard to the clinic (respondents from the Clinic for Pediatric Surgery have a better opinion about pain relief).

As expected, most children from the Clinic for Pediatric Surgery had undergone a surgical procedure or a diagnostic procedure, while that number in the Pediatric Clinic was three times smaller. According to the previous results of a high degree of satisfaction with the communication of healthcare professionals, parents are generally very pleased with explaining the operation of a child by a doctor, answering questions, explaining the risks and benefits of the operation/procedure by the surgeon and explaining the outcomes of the operation.

When they were asked to evaluate the care their child received while staying in hospital, the parents of children hospitalized in the Clinic for Pediatric Surgery responded as follows: the same number of respondents considered the care excellent (42.5%) and very good (42.5%), 12.5% of parents rated the care as good, 2.5% of the respondents as acceptable and none of the respondents considered the child's care to be poor. Parents of children hospitalized in the Pediatric Clinic most often rated the care their child received while in hospital as very good (45%), as excellent (31.2%), while 17.5% of respondents thought the care was good. 5% of parents rated the care as acceptable and 1.2% thought the care was poor. The obtained assessment is consistent with other research of this or similar topics carried out in the territory of the Republic of Croatia, where the most frequent assessment of care in numerical form ranges from 4.0 to 4.5 (9,10,13,17). A total of 80.7% of respondents believe that the care their child received in hospital was very good or excellent, providing the best insight into the degree of parent satisfaction.

Variables connected with the overall assessment of care are: a sense of trust and trust in doctors, preparation of children for diagnostic tests, parents feelings that they can take part in child care, hospital food quality assessment, parents' perception of child safety at the hospital department. Surprisingly, in these 5 variables that have the strongest connection to the satisfaction assessment there is no communication. It is possible to explain that communication has not been investigated in the whole context but through specific areas, so it is difficult to determine the overall impact on satisfaction assessment. The feeling of trust and confidence in doctors and the parent's perception of the child's safety at the hospital department belong to the group of needs for safety, according to A. Maslow, in the second place, immediately after physiological needs (18). The number of authors agrees about the benefits of parents staying in hospital for the whole family. The child feels safer and it reduces emotional stress. Psychological preparation for diagnostic and therapeutic procedures is required for every child regardless of their age. The way of communication with children during their stay in the hospital depends on the child's age, cognitive and emotional maturity and it is important that all profiles of professionals adapt their approach to the development phase and the individual needs of the child (19).

One third of the respondents was not informed of the existence of the program "Children's Departments - Children's Friends" and 76.9% of all respondents believe that the hospital is implementing the program. We can conclude that the evaluation of the program is very good, while the parent's awareness of this program is slightly weaker.

By examining the available literature, a relative lack of published papers on this or similar topics was noticed. In Croatia, a pilot study on parents' and children's experiences was conducted in Croatia in 2014 using a Picker's questionnaire, organized by the Central Coordination Board of the "Childhood Smiling Hospital" action and the results are presented at the thematic counseling "Experiences of Children and Parents during Hospitalization" in the Clinic for Children's Diseases Zagreb held on May 19, 2014 (20). There is a need for a standardized measuring instrument (questionnaire) at the level of the Republic of Croatia so that there would be a possibility of comparing research conducted in different parts of the country.

Conclusion

A total of 81% of respondents believe that the care for their child was very good (44%) or excellent (37%) and there is no statistically significant difference in assessing parents' satisfaction with child health care with regard to the clinic where the child was hospitalized. Variables that are positively connected with parent's satisfaction are: a sense of trust in doctors, preparation of a child for a diagnostic procedure, a parent's feelings that they can take part in child care, hospital food quality assessment, parents' perception of child safety at the hospital department. Parents are very satisfied with the communication with the doctors and nurses. More than half of the respondents believe that their child was frightened during their stay in hospital and more than one-third of respondents believe that toys that exist in the department are not adapted to the age of their child. Most respondents rated the hospital food as good. 98.8% of respondents said they had confidence and trust in physicians and nurses who care about their

child. Less than 5% of all respondents think they are not sufficiently involved in deciding on child care and therapy. According to parents' estimates, around 70% of children felt pain during hospitalization. Less than 1% of parents are dissatisfied with the treatment of their child's pain and respondents from the Clinic for Pediatric Surgery have a better opinion about adequacy of relieving the child's pain.

There is a need for a standardized measuring instrument (questionnaire) to be used continuously in pediatric departments at the level of the Republic of Croatia. This would allow for a comparison of research carried out in different parts of the country. The research would gain insight into current pediatric care problems, which would facilitate the formation of strategies to increase the satisfaction of hospitalized children and their parents and ultimately result in improving the quality of the health system.

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ZADOVOLJSTVO RODITELJA ZDRAVSTVENOM SKRBI DJECE U KLINICI ZA DJEČJE BOLESTI ZAGREB

Sažetak

Cilj. Procijeniti stupanj zadovoljstva roditelja zdravstvenom skrbi djece u Klinici za dječje bolesti Zagreb te utvrditi postoje li statistički značajne razlike u procjeni zadovoljstva roditelja zdravstvenom skrbi djece s obzirom na kliniku pri kojoj je dijete hospitalizirano.

Metode. Ispitanici su roditelji djece hospitalizirane na Klinici za pedijatriju i Klinici za dječju kirurgiju pri Klinici za dječje bolesti Zagreb (njih 160). Primijenjen je modificirani upitnik za procjenu zadovoljstva roditelja bolničkom skrbi djece prema Institutu Picker. Sudjelovanje u istraživanju bilo je dobrovoljno.

Rezultati. 36,9 % roditelja smatra skrb odličnom, 43,8 % vrlo dobrom, 15 % dobrom. Da je skrb prihvatljiva smatra 3,8 % ispitanika, a jedan je ispitanik (0,6 %) skrb procijenio kao lošu. 58,1 % ispitanika smatra da je njihovo dijete bilo uplašeno tijekom boravka u bolnici. 53,8 % ispitanika bolničku je hranu ocijenilo dobrom, 98,8 % roditelja izjavilo je kako imaju pouzdanja i povjerenja u liječnike i medicinske sestre koji se brinu o njihovu djetetu. 4,4 % roditelja smatra kako nisu dovoljno uključeni u odlučivanje o skrbi o njihovu djetetu. 72,5 % djece tijekom hospitalizacije osjećalo je bol, samo je jedan roditelj (0,9 %) nezadovoljan tretiranjem boli djeteta, a ispitanici s kirurškog odjela imaju bolje mišljenje o ublažavanju boli.

Zaključak. Ukupno 81 % ispitanika smatra da je skrb o njihovu djetetu vrlo dobra ili odlična te ne postoji znatna razlika u procjeni zadovoljstva s obzirom na

kliniku pri kojoj je dijete hospitalizirano. Varijable su kod kojih je utvrđena povezanost s ukupnom ocjenom skrbi: osjećaj pouzdanja i povjerenja u liječnike, priprema djeteta za provođenje pretrage, osjećaj roditelja da može sudjelovati u skrbi za dijete, procjena kvalitete bolničke hrane, percepcija roditelja o sigurnosti djeteta na bolničkom odjelu.

Ključne riječi: skrb o djeci, zadovoljstvo, roditelji
